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CONFIRMATION NO. 3747

<b>SERIAL NUMBER</b> 10/684,628	<b>FILING OR 371(c) DATE</b> 10/14/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> P-10033.02	
<b>APPLICANTS</b> David E. Francischelli, Anoka, MN; Scott E. Jahns, Hudson, WI;					
<b>** CONTINUING DATA *****</b> This application is a CON of 10/016,299 12/11/2001 PAT 6,656,175					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/14/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <u>SG</u> Verified and Acknowledged <u>SG</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 23492					
<b>TITLE</b> Method and system for treatment of atrial tachyarrhythmias					
<b>FILING FEE RECEIVED</b> 1270	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		